

# REQUEST FOR CERTIFICATION OF DEGREE LETTER

\_\_\_\_\_  
 UIN                      LAST NAME                      FIRST NAME                      MI                      DEPARTMENT

TELEPHONE: \_\_\_\_\_ PURPOSE:  Visa

EMAIL: \_\_\_\_\_  Employment: \_\_\_\_\_  
Name of Employer (letter will be sent directly to employer)

DEGREE CANDIDATE FOR	TO BE GRANTED ON	DISTRIBUTION
<input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree <input type="radio"/> Advanced Certificate	<input type="radio"/> August _____ <input type="radio"/> October _____ <input type="radio"/> December _____ <input type="radio"/> May _____	<input type="radio"/> Pickup at Ofc of Adm & Rec – For Visa only. <b>OR</b> <input type="radio"/> Send to the following address _____ _____ _____ _____

DEGREE TITLE & MAJOR: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- STUDENT: returns this form to
- The departmental office.
  - Please contact your department if you have any questions or concerns.

<b>1</b>	<b>FOR THESIS OFFICE USE ONLY:</b> Thesis Office approval stamp required if the student has deposited thesis:
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<b>2</b>	<b>FOR DEPARTMENT PERSONNEL USE ONLY:</b> <input type="checkbox"/> Add to Pending Degree List (PDL) <span style="float: right;"><input type="radio"/> Non-Thesis</span> <input type="checkbox"/> All departmental requirements have been met <span style="float: right;"><input type="radio"/> Thesis</span> <input type="checkbox"/> Change all Ph.D. thesis 499/599 from "DFR" to "S" Departmental Processor: _____ Date sent to OAR _____ Signature: _____
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<b>3</b>	<b>FOR OAR GRADUATION UNIT USE ONLY (Department must sign and date before OAR can certify):</b> <input type="checkbox"/> Have no indebtedness to the University. <input type="checkbox"/> University and Graduate College requirements have been met. <input type="checkbox"/> Were registered when final was taken or otherwise in accordance with Graduate College rules. <input type="checkbox"/> OAR has received the certificates for the prelim and final exam for the doctoral degree. OAR Auditor: _____ Date completed _____ Date mailed to student: _____
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